

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040741

818

1003

9744

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED OCT 19 1962

County Registration District No.

Registrar's No.

VS 300
Rev. 4/59

1

24000 235

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12

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

St. Louis

Length of stay in 1b

9 da

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Park Lane Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

St. Ferdinand Twp

d. STREET ADDRESS

(If outside, give location)

10123 Mayfair

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

BESSIE

PEARL

SHAW

4. DATE OF DEATH

Month

Day

Year

October 10th, 1962

5. SEX

female

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/20/10

9. AGE (last birthday)

51

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (City and state or country)

Windsor, Ill

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Maxedon

13b. MOTHER'S MAIDEN NAME

Mabel Horn

14. NAME OF HUSBAND OR WIFE

William E Shaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

William E Shaw, 10123 Mayfair

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☒

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

4201

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

10/6/62 to 10/10/62

and last saw her

him alive on 10/6/62

Death occurred at

5:11 P.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Denote or title)

22b. ADDRESS

3359 Chamber Rd

22c. DATE SIGNED

10/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

10/12/62

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park

23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

24. FUNERAL DIRECTOR

ADDRESS

DIEDRICH FUNERAL HOME, 8319 Hallsferry

25. DATE READ BY LOCAL REG.

OCT 11 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

OCT 23 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Elton R. Remelius

Licensed Embalmer No. 4283

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.